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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None *OK*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 10248766.9 10/18/2002

*OK* *OK*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/30/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

## ADDRESS

30596

## TITLE

Imaging method for a multi-slice spiral CT scan, and a computer tomography unit for carrying out this method

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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